

# P-PATCH COMMUNITY GARDENING PROGRAM

# GRIEVANCE FORM

## Disclaimer

*This procedure/form is not intended to resolve incidents of physical harm or criminal behavior appropriate services. The police should be contacted and P-patch program notified of any such incidents.*

## Provide the Following:

Type of Conflict (please check more than one if necessary):

Gardener to Gardener ☐

Gardener to P-Patch Staff (go to step 3 if unable to work out directly with step 1) ☐

Gardener to Program ☐

Gardener to Community Member ☐

Community Member to Gardener/P-Patch/Program ☐

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Your Name: \_\_\_\_\_

Name(s) of other parties involved: \_\_\_\_\_

P-Patch location: \_\_\_\_\_

Contact Info for person submitting form:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Briefly describe the conflict (please include names, dates, and other pertinent information):**



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